



Department of Veterans Affairs

## TRAVEL AUTHORITY FOR PERMANENT DUTY

**NOTE:** You are authorized to perform the following travel and to be reimbursed for necessary expenses as provided in MP-1, Part II, Chapter 2. When you know the date you will incur any of the expenses listed on the attached VA Form 3-3036b, complete the form and send it to the fiscal activity of your new station. See important notice on page 2.

1A. EMPLOYEE'S NAME		2. CURRENT RESIDENCE ADDRESS (No. and Street, City, State, ZIP Code)	
1B. NEW JOB TITLE			
1C. NEW GRADE AND SERIES	1D. SOCIAL SECURITY NO.		
3. FROM (Old station no., name, location)		4. TO (New station no., name, location)	
5A. TRAVEL TO BEGIN ON OR ABOUT	5B. REPORTING DATE	6. MAXIMUM NO. DAYS	7. TYPE OF RETIREMENT <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> EXEMPT
8. TYPE OF PERMANENT DUTY TRAVEL <input type="checkbox"/> TRANSFER FOR CONVENIENCE OF THE GOVERNMENT AND NOT FOR EMPLOYEE'S CONVENIENCE OR AT HIS/HER REQUEST. <input type="checkbox"/> TRAVEL TO FIRST DUTY STATION (New appointees in shortage category positions or student-trainees as defined in VA directives) (NOTE: These allowances are NOT authorized: Items 11A, 11C, 11D, 11H, 17B, 17C, 17F, 18B, and 19.)			9. DATE EMPLOYEE SIGNED REQUIRED SERVICE AGREEMENT
10A. MODE OF TRAVEL <input type="checkbox"/> RAIL <input type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> PRIVATELY OWNED CONVEYANCE (Complete Item 10B) <input type="checkbox"/> OTHER (Specify) ▶			10B. MILEAGE RATE CENTS
<b>X BASIS FOR REIMBURSEMENT</b>			
11A. YOU ARE AUTHORIZED AN EN ROUTE PER DIEM RATE IN LIEU OF SUBSISTENCE, AND A PER DIEM RATE FOR YOUR FAMILY AS PROVIDED IN MP-1, PART II, CHAPTER 2. ▶			PER DIEM RATE FOR EMPLOYEE NOT TO EXCEED \$
11B. YOU ARE AUTHORIZED AN EN ROUTE PER DIEM RATE IN LIEU OF SUBSISTENCE. NO PER DIEM ALLOWED FOR FAMILY MEMBERS. ▶			PER DIEM RATE FOR EMPLOYEE NOT TO EXCEED \$
11C. YOU ARE AUTHORIZED ONE ROUND TRIP TO PLACE OF NEW DUTY STATION TO SEEK RESIDENCE AS FOLLOWS:			
MAXIMUM NO. DAYS		MODE OF TRAVEL <input type="checkbox"/> RAIL <input type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> PRIVATELY OWNED CONVEYANCE <input type="checkbox"/> OTHER (Specify:) ▶	MILEAGE RATE (If by privately owned conveyance) CENTS
11D. YOU ARE AUTHORIZED SUBSISTENCE FOR YOURSELF AND YOUR FAMILY AS PROVIDED IN MP-1 PART II, CHAPTER 2, WHILE OCCUPYING TEMPORARY QUARTERS FOR A PERIOD NOT TO EXCEED THE FOLLOWING.			MAXIMUM NO. OF DAYS
11E. YOU MUST TRANSPORT YOUR DEPENDENTS, HOUSEHOLD GOODS, AND PERSONAL EFFECTS AS SOON PRACTICABLE, BUT NO LATER THAN THE FOLLOWING DATE (See MP-1, Part II, Chapter 2, for guidelines concerning extensions.)			DATE
11F. YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY (As defined in MP-1, Part II, Chapter 2) LISTED IN ITEM 12 AT GOVERNMENT EXPENSE BY <input type="checkbox"/> RAIL <input type="checkbox"/> AIR (Lowest cost available) <input type="checkbox"/> PRIVATELY OWNED CONVEYANCE (Only if not feasible to travel with you) <input type="checkbox"/> OTHER (Specify:) ▶			MILEAGE RATE FOR FAMILY (If by privately owned conveyance) CENTS
11G. YOU ARE AUTHORIZED TO TRANSPORT AND STORE ALLOWABLE HOUSEHOLD GOODS AND PERSONAL EFFECTS NOTE: Consult Supply Service for method of shipment. ▶			MAXIMUM WEIGHT AUTHORIZED LBS.
11H. YOU MUST ACCOMPLISH SETTLEMENT FOR THE SALE AND PURCHASE OR LEASE TERMINATION ON RESIDENCE TRANSACTIONS NO LATER THAN THE FOLLOWING DATE, WHICH IS TWO YEARS AFTER THE DATE YOU REPORTED FOR DUTY AT YOUR NEW STATION (See MP-1, Part II, Chapter 2, for information concerning a possible extension).			DATE
12A. NAMES OF IMMEDIATE FAMILY, FOR TRAVEL PURPOSES		12B. RELATIONSHIP	12C. AGE (Not required for spouse)

**NOTE:** The third page of this form is for your use in indicating whether or not you wish to utilize the services of the VA Relocation Services Program. Note that you must make a decision on whether to use the relocation services program prior to the reporting date at your new duty station. **See important notice below.**

13. NAME, TITLE, AND SIGNATURE OF AUTHORIZING OFFICIAL			14. DATE		
15. TRAVEL AUTHORITY NO.		16. TRANSPORTATION REQUEST NO(S).			
ESTIMATED COST, LIMITATION .001 (Show round figures)					
17A. TEMPORARY QUARTERS - 1208	17B. REAL ESTATE - 1209	17C. MISCELLANEOUS MOVING EXPENSES - 1208			
17D. STORAGE, HOUSEHOLD GOODS - 2530		17E. SHIPMENT OF HOUSEHOLD GOODS - 2230			
TEMPORARY:		20A. FUND CERTIFICATION: The services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been obligated.			
NONTEMPORARY:					
17F. RELOCATION INCOME TAX ALLOWANCE - 1210					
17G. TOTAL		20B. APPROPRIATION AND ACCOUNTING SYMBOLS			
ESTIMATED COST, LIMITATION .007 (Show round figures)					
18A. PERMANENT DUTY TRAVEL - 2101	18B. ROUND TRIP TRAVEL TO SEEK RESIDENCE - 2102			18C. TOTAL	
ESTIMATED COST, RELOCATION SERVICES PROGRAM, LIMITATION .001 (Show round figures)					
19. RELOCATION SERVICES - 2531		20C. OBLIGATED BY			
		20D. DATE			

**IMPORTANT NOTICE:** VA Travel Policy requires that you make a decision on whether to use the Relocation Services Program as early as possible. The decision **MUST** be made and documented (*page 3, No. 6 of this travel authority*) prior to the reporting date at your new facility. Once made, this decision is irrevocable. It is your **PERSONAL** responsibility to fully familiarize yourself with the terms of the Relocation Services Program. You should read the applicable portions of MP-1, Part II, Chapter 2, Employee Travel Management. In addition to seeking the assistance of your facility's Relocation Services Coordinator, you should also telephone the Relocation Services Program contractor for counseling. A claim of lack of adequate information or receipt of misinformation will not, of itself, be sufficient basis for waiver of program requirements.

21. COMMENTS/REMARKS

RELOCATION SERVICES REQUEST				AUTHORIZATION NO.	
<b>PRIVACY ACT NOTICE:</b> The information on this form is required to provide you with relocation services in connection with your official change of station pursuant to chapter 57, title 5, U.S.C. Information hereon may be disclosed to civil agencies under certain circumstances. Failure to provide the information may preclude or delay your official change of station.					
1A. EMPLOYEE'S NAME			2. HOME ADDRESS <i>(Old residence)</i>		
1B. NEW JOB TITLE					
1C. NEW GRADE AND SERIES		1D. SOCIAL SECURITY NO.			
3. FROM <i>(Old station no., name, location)</i>			4. TO <i>(New station no., name, location)</i>		
5A. TRAVEL TO BEGIN ON OR ABOUT		5B. REPORTING DATE	5C. TRAVEL AUTHORITY NO.		
6. DO YOU WISH TO USE THE RELOCATION SERVICES PROGRAM? <i>(NOTE: Before making this election, read IMPORTANT NOTICE, page 2.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," go to item 16)</i>		7. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		8. SPOUSE'S NAME	
<b>9. TELEPHONE NOS.</b>					
A. HOME TELEPHONE NO. <i>(Include Area Code)</i>		B. COMMERCIAL OFFICE NOS.		C. FTS OFFICE NOS.	
		<b>OLD DUTY STATION</b> <i>(Include extension)</i>	<b>NEW DUTY STATION</b> <i>(Include extension)</i>	<b>OLD DUTY STATION</b> <i>(Include extension)</i>	<b>NEW DUTY STATION</b> <i>(Include extension)</i>
10. SERVICES REQUESTED <i>(Check all appropriate boxes)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> GUARANTEED HOME SALE</div> <div style="width: 33%;"><input type="checkbox"/> HOME FINDING</div> <div style="width: 33%;"><input type="checkbox"/> MORTGAGE FINDING</div> <div style="width: 33%;"><input type="checkbox"/> MARKETING ASSISTANCE</div> <div style="width: 33%;"><input type="checkbox"/> RENTAL ASSISTANCE</div> <div style="width: 33%;"><input type="checkbox"/> SPOUSE COUNSELING <i>(Requires fee to be paid by employee)</i></div> </div>					
<b>11. ELIGIBILITY</b>					
<b>EMPLOYEE:</b> Subject to the provisions contained in the Federal Travel Regulations, all VA employees transferring for the benefit of the government.  <b>PROPERTY:</b> An employee residence is eligible for Guaranteed Home Sale if it meets the definition of the Federal Travel Regulation, is the residence of the employee at the time of notification of transfer, and is titled in the name of employee and/or member of the employee's immediate family. See MP-1, part II, chapter 2, for exceptions to this policy. If there are any questions concerning eligibility, contact your Relocation Services Coordinator.					
12. NAME(S) SHOWN ON TITLE TO RESIDENCE		13. RELATIONSHIP OF CO-OWNER(S) TO EMPLOYEE		14. NO. MILES FROM OLD RESIDENCE TO OLD DUTY STATION	
15. RELOCATION SERVICES <i>(Check one response)</i> <input type="checkbox"/> I REQUEST RELOCATION SERVICES AS INDICATED ABOVE.  <input type="checkbox"/> I DO NOT REQUEST RELOCATION SERVICES.					
16. EMPLOYEE'S SIGNATURE				17. DATE	
<b>AGENCY USE ONLY</b>					
18. SIGNATURE OF RELOCATION SERVICES COORDINATOR				19. DATE	
20. ACCOUNTING CLASSIFICATION <b>(From Travel Authorization)</b>			21. NAME AND LOCATION OF FISCAL OFFICE		